

MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF NURSING

Undergraduate ABBREVIATED CURRICULUM VITAE

Name: \_\_\_\_\_  
Male  First Middle Last  
Female

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Education: (*Baccalaureate and Above*)

<u>Institution</u>	<u>Years Attended</u>	<u>Degree/Date</u>	<u>Field of Study</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE COMPLETE ALL FIELDS!

Specialty Certifying Organization: Credentials: Exp. Date:  
Certification: \_\_\_\_\_  
State: Number: Exp. Date:  
Licensure: \_\_\_\_\_

PLEASE COMPLETE ALL FIELDS!

Employment: (*Chronological for Past 5 Years*)

<u>Institution</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of YEARS spent in Population Focused or Specialty Area: \_\_\_\_\_